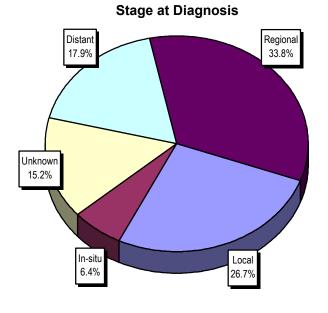
Colon/(excluding rectum)

Incidence and Mortality Summary						
	Male	Female Total				
Age-adjusted incidence rate per 100,000	46.8	39.2	42.6			
Total # of new cases # of new invasive cases # of new in-situ cases # of deaths	127 97 11 50	168 135 8 48	297 232 19 98			

	Total	Cases	and Deaths	by Ward
Ward 1		19	8	
Ward 2		32	13	
Ward 3		30	12	
Ward 4		53	14	
Ward 5		61	19	
Ward 6		39	9	
Ward 7		42	16	
Ward 8		11	7	
Unknow	n	9	-	



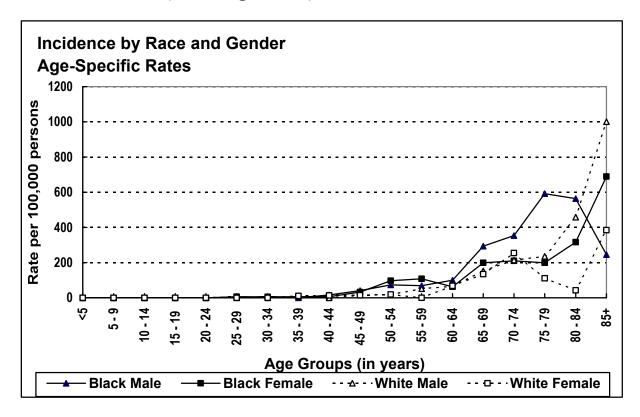
Risk and Associated Factors			
Age	Rates increase with age. The vast majority of cases occur after age 50.		
Gender	incidence rates are higher in males.		
Genetics	Specific genetic alterations have been recognized in several hereditary conditions with high risk of colon cancer such as familial adenomatous polyposis (FAP) and		
	Gardner's syndrome.		
Diet	Evidence that diets high in fat or low in fiber contribute to increased risk of colon cancer has been shown.		
Other	Individuals with a close family history of this cancer and those with a personal history of certain other cancers or conditions (i.e. ulcerative colitis or Crohn's colitis) are at increased risk. Regular, moderate physical activity is associated with lower rates of this cancer.		
Special Notes			

Openia New	, ,	
95% confidence interval on the age-adjusted total incidence	rate: 42.6	(37.6 - 47.5)
Mean age-adjusted incidence rate across wards:		41.6
Median age-adjusted incidence rate of wards:		41.2
Range of age-adjusted incidence rates for wards: 62.1	(13.2 Ward 8	8 < 75.3 Ward 5)

No cases of colon cancer were diagnosed in persons less than 35 years of age. There was a gradual increase in age-specific rate, peaking in the age group 85+ for males/females. Black males experienced a mortality rate 1.7 times that of black females and nearly three times that of white females. The general progression of a polyp to cancer is thought to take between 8-10 years, and routine screening is recommended beginning at age 50 for the general population

^{*}Socio-economic Status

Fig. 22: Age-Specific Incidence and Mortality Rates by Race and Gender Colon (excluding rectum) Cancer



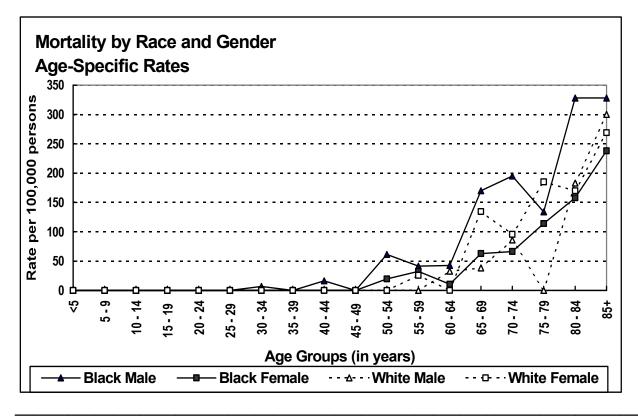
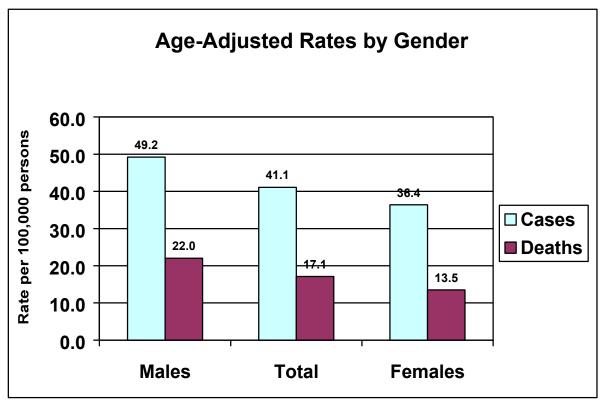


Fig. 23: 1996 Age-Adjusted Incidence and Mortality Rates for the District of Columbia – Colon (excluding rectum) Cancer



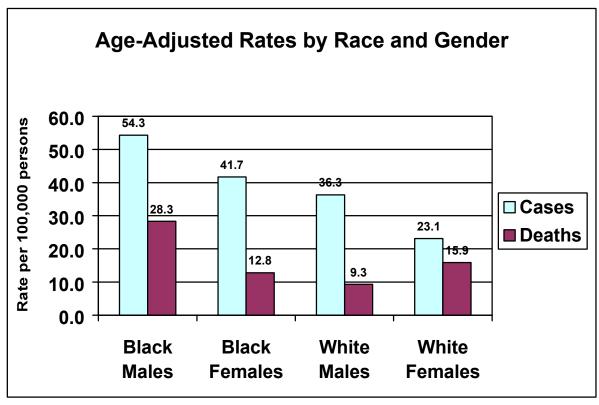


Figure 24: Comparison of the 1996 D.C. Incidence and Mortality Rates with The Highest 5 and Lowest 5 NAACCR (1991-95) [†] Cancer Incidence Rates

